

Current Treatment Options for Auricular Hematomas

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KEYWORDS

• Ear • Pinna • Swelling • Drainage • Hematoma

KEY POINTS

- Aural hematomas most commonly occur due to self-trauma because of underlying ear disease.
- Benign neglect of aural hematomas results in permanent deformation of the pinna.
- Multiple management options exist to successfully address aural hematomas.
- Risk of recurrence is low, as long as underlying ear disease is well-controlled.

INTRODUCTION

Aural or auricular hematomas are fluctuant swellings filled with hemorrhagic fluid affecting the concave surface of the pinna in both dogs and cats (Fig. 1). This condition most commonly occurs as a result the shear forces created by violent head shaking or ear scratching secondary to otitis externa, yet some affected animals have no evidence of underlying ear disease. Bloody fluid accumulates under the skin of the inner pinna after vascular trauma and separation from the underlying cartilage. The exact location of the source of hemorrhage is not known but is thought to come from branches of the great auricular arteries and veins within, under, or between the cartilage layers. These vessels penetrate the scapha to supply the concave surface of the ear.

A separate theory with regard to cause involves underlying immunologic disease. A set of dogs and cats with aural hematomas were all found to have positive Coombs test in the serum and fluid retrieved from the pinna, although a small percentage had positive antinuclear antibodies (ANA) tests and identification of immunoglobulin G deposition at the dermoepidermal junction.¹ However, another study in dogs found none of the dogs with auricular hematomas were Coombs positive, or had positive ANA titers, although histopathological examination of biopsies showed evidence of an association with a hypersensitivity reaction.²

The author has nothing to disclose.

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Fig. 1. A 3-year-old domestic shorthaired cat with a right aural hematoma secondary to scratching due to ear mite infestation.

PATIENT EVALUATION OVERVIEW

Aural hematomas can occur in dogs and cats of any breed or age, although dogs with long, pendulous ears may be more at risk. Animals should be evaluated for evidence of otitis externa, particularly looking for evidence of ear mite infestation (*Otodectes cynotis*) in cats. Because general anesthesia will be required for surgical treatment, routine bloodwork is typically indicated as an assessment of overall health.

TREATMENT OPTIONS

There are numerous techniques that have been described to address aural hematomas. Regardless, treatment of any underlying ear disease is crucial to minimize the chance of hematoma recurrence.

NONPHARMACOLOGIC TREATMENT OPTIONS

Without any specific aural hematoma treatment, secondary fibrosis and contraction will occur and can result in irreparable deformation of the pinna. Simple needle aspiration to drain the hematoma can be performed but recurrence is likely. When this pathway is chosen, daily drainage of the hematoma has been advocated to prevent early recurrence.³ The concave surface of the pinna should be clipped and prepped before a large (16–20 g) hypodermic needle is inserted in the most dependent part of the pinna. Flushing with sterile saline can be performed to facilitate removal of clots and fibrin.

Other methods of drainage have been described with variable outcomes (**Box 1**). Typically, drains are inserted and secured on the concave (inner) surface of the pinna. A successful outcome in 5 dogs was described in a recent study in which active drains were inserted from the convex (outer) surface.⁴

PHARMACOLOGIC TREATMENT OPTIONS

The concurrent use of corticosteroids administered by different routes has been advocated with a variety of drainage and surgical treatments. Daily intravenous administration of dexamethasone (0.5–2.0 mg/kg) resulted in resolution in more than 85% of

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